Labor & Industries

		Non-	facility Setting		Facility Setting		
TOP 30 RBRVS CODES By Dollar Volume		Max Fee 7/1/04	Max Fee 7/1/05	Percent	Max Fee 7/1/04	Max Fee 7/1/05	Percent
	(dates of service 7/1/03-6/30/04)	CF=\$50.63	CF=\$52.23	Change	CF=\$50.63	CF=\$52.23	Change
97110	Therapeutic exercises	\$38.99	\$38.65	-0.9%	\$38.99	\$38.65	-0.9%
99213	Office/outpatient visit, est	\$71.39	\$73.12	+2.4%	\$48.10	\$49.10	+2.1%
97140	Manual therapy	\$35.95	\$36.56	+1.7%	\$35.95	\$36.56	+1.7%
99214	Office/outpatient visit, est	\$111.39	\$114.38	+2.7%	\$78.48	\$81.48	+3.8%
97124	Massage therapy	\$29.87	\$30.82	+3.2%	\$29.87	\$30.82	+3.2%
97530	Therapeutic activities	\$39.49	\$40.74	+3.2%	\$39.49	\$40.74	+3.2%
72148	Mri lumbar spine w/o dye	\$768.06	\$794.94	+3.5%	\$768.06	\$794.94	+3.5%
99203	Office/outpatient visit, new	\$130.12	\$134.23	+3.2%	\$96.70	\$99.76	+3.2%
73721	Mri jnt of lwr extre w/o dye	\$684.01	\$708.24	+3.5%	\$684.01	\$708.24	+3.5%
29881	Knee arthroscopy/surgery	\$795.40	\$832.55	+4.7%	\$795.40	\$832.55	+4.7%
99212	Office/outpatient visit, est	\$51.14	\$53.80	+5.2%	\$31.90	\$33.43	+4.8%
97001	Pt evaluation	\$100.75	\$104.98	+4.2%	\$86.58	\$88.79	+2.6%
73221	Mri joint upr extrem w/o dye	\$684.01	\$708.24	+3.5%	\$684.01	\$708.24	+3.5%
99283	Emergency dept visit	\$83.03	\$85.13	+2.5%	\$83.03	\$85.13	+2.5%
72158	Mri lumbar spine w/o & w/dye	\$1,496.62	\$1,547.57	+3.4%	\$1,496.62	\$1,547.57	+3.4%
97014	Electric stimulation therapy	\$19.24	\$19.85	+3.2%	\$19.24	\$19.85	+3.2%
64721	Carpal tunnel surgery	\$499.21	\$539.54	+8.1%	\$499.21	\$539.54	+8.1%
99243	Office consultation	\$163.53	\$169.75	+3.8%	\$124.55	\$129.01	+3.6%
72141	Mri neck spine w/o dye	\$710.85	\$734.88	+3.4%	\$710.85	\$734.88	+3.4%
99244	Office consultation	\$230.87	\$238.69	+3.4%	\$184.29	\$190.64	+3.4%
90806	Psytx, off, 45-50 min	\$132.14	\$136.84	+3.6%	\$127.08	\$131.62	+3.6%
97035	Ultrasound therapy	\$16.71	\$16.71	0.0%	\$16.71	\$16.71	0.0%
95904	Sense nerve conduction test	\$75.44	\$77.30	+2.5%	\$75.44	\$77.30	+2.5%
29848	Wrist endoscopy/surgery	\$591.86	\$618.93	+4.6%	\$591.86	\$618.93	+4.6%
99204	Office/outpatient visit, new	\$183.79	\$189.59	+3.2%	\$142.78	\$147.81	+3.5%
29826	Shoulder arthroscopy/surgery	\$896.66	\$936.48	+4.4%	\$896.66	\$936.48	+4.4%
99202	Office/outpatient visit, new	\$87.59	\$90.36	+3.2%	\$63.29	\$64.77	+2.3%
63030	Low back disk surgery	\$1,145.76	\$1,199.20	+4.7%	\$1,145.76	\$1,199.20	+4.7%
23420	Repair of shoulder	\$1,316.38	\$1,368.43	+4.0%		\$1,368.43	+4.0%
62311	Inject spine I/s (cd)	\$346.31	\$358.82	+3.6%	\$117.97	\$129.01	+9.4%

- CPTTM five-digit codes, nomenclature and other data are copyright 2004 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are includd in CPTTM. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS Restrictions Apply to Government Use.

		Non-facility Setting			Facility Setting			
		Max Fee 7/1/04	Max Fee 7/1/05	Percent	Max Fee 7/1/04	Max Fee 7/1/05	Percent	
EVALUATION AND MANAGEMENT CODES		CF=\$50.63	CF=\$52.23	Change	CF=\$50.63	CF=\$52.23	Change	
99201	Office/outpatient visit, new	\$49.11	\$50.66	+3.2%	\$31.90	\$32.90	+3.1%	
99202	Office/outpatient visit, new	\$87.59	\$90.36	+3.2%	\$63.29	\$64.77	+2.3%	
99203	Office/outpatient visit, new	\$130.12	\$134.23	+3.2%	\$96.70	\$99.76	+3.2%	
99204	Office/outpatient visit, new	\$183.79	\$189.59	+3.2%	\$142.78	\$147.81	+3.5%	
99205	Office/outpatient visit, new	\$233.40	\$239.74	+2.7%	\$189.86	\$196.38	+3.4%	
99211	Office/outpatient visit, est	\$28.86	\$30.29	+5.0%	\$12.15	\$12.54	+3.2%	
99212	Office/outpatient visit, est	\$51.14	\$53.80	+5.2%	\$31.90	\$33.43	+4.8%	
99213	Office/outpatient visit, est	\$71.39	\$73.12	+2.4%	\$48.10	\$49.10	+2.1%	
99214	Office/outpatient visit, est	\$111.39	\$114.38	+2.7%	\$78.48	\$81.48	+3.8%	
99215	Office/outpatient visit, est	\$161.51	\$166.09	+2.8%	\$126.07	\$130.57	+3.6%	
99231	Subsequent hospital care	\$45.06	\$47.01	+4.3%	\$45.06	\$47.01	+4.3%	
99232	Subsequent hospital care	\$74.43	\$76.78	+3.2%	\$74.43	\$76.78	+3.2%	
99233	Subsequent hospital care	\$105.82	\$109.16	+3.2%	\$105.82	\$109.16	+3.2%	
99241	Office consultation	\$67.84	\$69.47	+2.4%	\$45.57	\$47.53	+4.3%	
99242	Office consultation	\$123.54	\$126.92	+2.7%	\$93.67	\$96.10	+2.6%	
99243	Office consultation	\$163.53	\$169.75	+3.8%	\$124.55	\$129.01	+3.6%	
99244	Office consultation	\$230.87	\$238.69	+3.4%	\$184.29	\$190.64	+3.4%	
99245	Office consultation	\$298.21	\$308.68	+3.5%	\$244.54	\$253.84	+3.8%	
99281	Emergency dept visit	\$22.28	\$22.98	+3.1%	\$22.28	\$22.98	+3.1%	
99282	Emergency dept visit	\$36.96	\$38.13	+3.2%	\$36.96	\$38.13	+3.2%	
99283	Emergency dept visit	\$83.03	\$85.13	+2.5%	\$83.03	\$85.13	+2.5%	
99284	Emergency dept visit	\$128.60	\$133.19	+3.6%	\$128.60	\$133.19	+3.6%	
99285	Emergency dept visit	\$201.51	\$208.40	+3.4%	\$201.51	\$208.40	+3.4%	
CPT [™] five-digit codes, nomenclature and other data are copyright 2004 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in LCPT [™] . The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS Restrictions Apply to Government Use.								
CFT . The Aviva assumes no hability for the data contained herein. Applicable PARS/DPARS Restrictions Apply to Government Ose.								

Labor & Industries

		Non-facility Setting			Facility Setting			
TOP 30 MOST CHANGED RBRVS FEES (by dollar change, from top 300 codes)		Max Fee 7/1/04 CF=\$50.63	Max Fee 7/1/05 CF=\$52.23	\$ Change	Max Fee 7/1/04 CF=\$50.63	Max Fee 7/1/05 CF=\$52.23	\$ Change	
	Injection for knee x-ray	\$666.29	\$251.23	(\$415.06)	\$67.84	\$70.51	\$2.67	
	Injection for wrist x-ray	\$591.36	\$262.72	(\$328.64)	\$101.26	\$105.50	\$4.24	
	Removal of foreign body	\$372.13	\$689.44	\$317.31	\$332.64	\$343.15	\$10.51	
20680	Removal of support implant	\$356.44	\$664.37	\$307.93	\$356.44	\$395.90	\$39.46	
20670	Removal of support implant	\$442.00	\$715.55	\$273.55	\$300.74	\$214.14	(\$86.60)	
27096	Inject sacroiliac joint	\$553.89	\$308.68	(\$245.21)	\$92.15	\$95.06	\$2.91	
64470	Inj paravertebral c/t	\$348.33	\$486.26	\$137.93	\$128.09	\$139.98	\$11.89	
64475	Inj paravertebral I/s	\$309.35	\$443.96	\$134.61	\$100.25	\$112.29	\$12.04	
22612	Lumbar spine fusion	\$1,946.22	\$2,039.58	\$93.36	\$1,946.22	\$2,039.58	\$93.36	
27487	Revise/replace knee joint	\$2,293.54	\$2,385.87	\$92.33	\$2,293.54	\$2,385.87	\$92.33	
63056	Decompress spinal cord	\$1,836.86	\$1,927.81	\$90.95	\$1,836.86	\$1,927.81	\$90.95	
27447	Total knee arthroplasty	\$1,975.58	\$2,059.43	\$83.85	\$1,975.58	\$2,059.43	\$83.85	
13132	Repair of wound or lesion	\$556.93	\$639.30	\$82.37	\$479.47	\$547.37	\$67.90	
29827	Arthroscop rotator cuff repr	\$1,448.52	\$1,528.77	\$80.25	\$1,448.52	\$1,528.77	\$80.25	
93970	Extremity study	\$256.19	\$333.75	\$77.56	\$256.19	\$333.75	\$77.56	
63081	Removal of vertebral body	\$2,154.31	\$2,230.74	\$76.43	\$2,154.31	\$2,230.74	\$76.43	
27486	Revise/replace knee joint	\$1,791.29	\$1,866.70	\$75.41	\$1,791.29	\$1,866.70	\$75.41	
63042	Laminotomy, single lumbar	\$1,615.60	\$1,690.69	\$75.09	\$1,615.60	\$1,690.69	\$75.09	
	Lumbar spine fusion	\$1,935.08	\$2,008.77	\$73.69	\$1,935.08	\$2,008.77	\$73.69	
27130	Total hip arthroplasty	\$1,833.82	\$1,906.40	\$72.58	\$1,833.82	\$1,906.40	\$72.58	
22554	Neck spine fusion	\$1,745.72	\$1,814.47	\$68.75	\$1,745.72	\$1,814.47	\$68.75	
63075	Neck spine disk surgery	\$1,784.71	\$1,848.94	\$64.23	\$1,784.71	\$1,848.94	\$64.23	
29806	Shoulder arthroscopy/surgery	\$1,385.74	\$1,449.38	\$63.64	\$1,385.74	\$1,449.38	\$63.64	
27446	Revision of knee joint	\$1,482.45	\$1,545.49	\$63.04	\$1,482.45	\$1,545.49	\$63.04	
29807	Shoulder arthroscopy/surgery	\$1,351.31	\$1,411.78	\$60.47	\$1,351.31	\$1,411.78	\$60.47	
14040	Skin tissue rearrangement	\$848.05	\$907.24	\$59.19	\$776.66	\$822.10	\$45.44	
27827	Treat lower leg fracture	\$1,458.65	\$1,515.71	\$57.06	\$1,458.65	\$1,515.71	\$57.06	
63045	Removal of spinal lamina	\$1,522.44	\$1,579.44	\$57.00	\$1,522.44	\$1,579.44	\$57.00	
	Treat heel fracture	\$1,596.87	\$1,653.60	\$56.73	\$1,596.87	\$1,653.60	\$56.73	
63020	Neck spine disk surgery	\$1,387.26	\$1,442.59	\$55.33	\$1,387.26	\$1,442.59	\$55.33	
CDTM five digit codes nomencleture and other date are convicted 2004 American Medical Accordation. All Digitals Decorated No fee calculate hasis units values as related listing are included in								

- CPTTM five-digit codes, nomenclature and other data are copyright 2004 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in CPTTM. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS Restrictions Apply to Government Use.

Labor & Industries

		Non-facility Setting			Facility Setting			
TOP 30 MOST CHANGED RBRVS FEES		Max Fee 7/1/04	Max Fee 7/1/05	Percent	Max Fee 7/1/04	Max Fee 7/1/05	Percent	
	by percentage, from top 300 codes)	CF=\$50.63	CF=\$52.23	Change	CF=\$50.63	CF=\$52.23	Change	
20680	Removal of support implant	\$356.44	\$664.37	+86.4%	\$356.44	\$395.90	+11.1%	
20525	Removal of foreign body	\$372.13	\$689.44	+85.3%	\$332.64	\$343.15	+3.2%	
27370	Injection for knee x-ray	\$666.29	\$251.23	-62.3%	\$67.84	\$70.51	+3.9%	
20670	Removal of support implant	\$442.00	\$715.55	+61.9%	\$300.74	\$214.14	-28.8%	
25246	Injection for wrist x-ray	\$591.36	\$262.72	-55.6%	\$101.26	\$105.50	+4.2%	
27096	Inject sacroiliac joint	\$553.89	\$308.68	-44.3%	\$92.15	\$95.06	+3.2%	
64475	Inj paravertebral I/s	\$309.35	\$443.96	+43.5%	\$100.25	\$112.29	+12.0%	
64470	Inj paravertebral c/t	\$348.33	\$486.26	+39.6%	\$128.09	\$139.98	+9.3%	
10120	Remove foreign body	\$141.26	\$184.37	+30.5%	\$87.59	\$120.65	+37.7%	
93970	Extremity study	\$256.19	\$333.75	+30.3%	\$256.19	\$333.75	+30.3%	
11760	Repair of nail bed	\$182.77	\$230.33	+26.0%	\$150.88	\$185.94	+23.2%	
93971	Extremity study	\$181.76	\$227.20	+25.0%	\$181.76	\$227.20	+25.0%	
64472	Inj paravertebral c/t add-on	\$169.10	\$195.34	+15.5%	\$85.56	\$89.31	+4.4%	
64484	Inj foramen epidural add-on	\$214.67	\$247.57	+15.3%	\$90.63	\$92.97	+2.6%	
64480	Inj foramen epidural add-on	\$206.06	\$236.60	+14.8%	\$106.32	\$110.73	+4.1%	
13132	Repair of wound or lesion	\$556.93	\$639.30	+14.8%	\$479.47	\$547.37	+14.2%	
64476	Inj paravertebral I/s add-on	\$145.81	\$167.14	+14.6%	\$65.31	\$66.85	+2.4%	
64520	N block, lumbar/thoracic	\$305.81	\$347.33	+13.6%	\$93.67	\$103.42	+10.4%	
65222	Remove foreign body from eye	\$88.10	\$98.19	+11.5%	\$62.78	\$71.03	+13.1%	
26750	Treat finger fracture, each	\$256.19	\$229.81	-10.3%	\$202.01	\$204.74	+1.4%	
88305	Tissue exam by pathologist	\$129.61	\$143.63	+10.8%	\$129.61	\$143.63	+10.8%	
97004	Ot re-evaluation	\$61.77	\$67.90	+9.9%	\$41.52	\$42.31	+1.9%	
64510	N block, stellate ganglion	\$228.85	\$250.18	+9.3%	\$84.05	\$94.01	+11.9%	
64479	Inj foramen epidural c/t	\$479.47	\$519.69	+8.4%	\$155.43	\$168.70	+8.5%	
64721	Carpal tunnel surgery	\$499.21	\$539.54	+8.1%	\$499.21	\$539.54	+8.1%	
99291	Critical care, first hour	\$329.10	\$354.64	+7.8%	\$274.92	\$286.22	+4.1%	
64483	Inj foramen epidural l/s	\$487.57	\$523.87	+7.4%	\$135.69	\$148.86	+9.7%	
62290	Inject for spine disk x-ray	\$510.35	\$546.33	+7.1%	\$227.33	\$241.30	+6.1%	
14040	Skin tissue rearrangement	\$848.05	\$907.24	+7.0%	\$776.66	\$822.10	+5.9%	
62291	Inject for spine disk x-ray	\$447.57	\$478.43	+6.9%	\$214.16	\$228.77	+6.8%	
CPT TM five-digit codes, nomenclature and other data are copyright 2004 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in CPT TM . The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS Restrictions Apply to Government Use.								